



TEXAS DEPARTMENT OF HEALTH
LICENSING AND ENFORCEMENT DIVISION

CERT

BUDGET 7B708
FUND: 126
LICENSE #:

CERTIFIED FOOD MANAGEMENT PROGRAM
CERTIFICATION LICENSE APPLICATION

(Health and Safety Code (HSC), Chapter 438, Subchapter K)

Return both the completed application and **non-refundable fee** made payable to the
TEXAS DEPARTMENT OF HEALTH in the envelope provided or mail to:

Texas Department of Health, P. O. Box 149200, Austin, Texas 78714-9200.

You may visit our website at: www.tdh.state.tx.us/bfds

Please note that a separate application package is required for each program (i.e. Certification, Recertification, Test Site). Contact this office at (512) 719-0232 for the correct application.

Name of Business Applying to Operate Program: _____

Name of Contact Person (Program Sponsor) : _____

Physical Address of Program: _____

City, County, State, Zip Code: _____

Mailing Address (if different from Physical Address): _____

Telephone # at physical address: _____

Program's Fax #: _____

Program's Email Address: _____

Program's Website (URL): _____

NON-REFUNDABLE CERTIFICATION FEES (Check one only):

G Initial Fee - \$300.00

G Annual Renewal Fee - \$300.00

G LATE FEE - A person who files for renewal after the license expiration date must pay an additional \$100.00

ANY RETURNED CHECKS RECEIVED AFTER EXPIRATION DATE WILL BE ASSESSED THE \$100.00 LATE FEE

SECURITY AGREEMENT STATEMENT BY DESIGNATED PROGRAM SPONSOR: I do hereby agree to maintain in a secure manner all examination booklets and materials received from the Texas Department of Health (TDH) and to refrain from discussing, describing or duplicating any items contained therein. I understand and agree to the timely return of all examination booklets issued to me upon request of the TDH. I further understand that failure to comply with the terms of this agreement may constitute just cause for program review and/or revocation of the Certificate of Accreditation.

VERIFICATION: I SWEAR OR AFFIRM THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT. I FURTHER CERTIFY BY SIGNATURE HEREON, THAT I AM AUTHORIZED TO EXECUTE THIS DOCUMENT ON BEHALF OF THE CORPORATION AND I AM NOT CURRENTLY DELINQUENT IN THE PAYMENT OF ANY CORPORATION FRANCHISE TAXES OWED THE STATE OF TEXAS UNDER CHAPTER 171, TAX CODE. IF SIGNING THIS AS OWNER OF A SOLE PROPRIETORSHIP, I AM NOT DELINQUENT IN THE PAYMENT OF ANY CHILD SUPPORT OWED UNDER CHAPTER 232, FAMILY CODE. IF SIGNING AS A SOLE PROPRIETOR, I CERTIFY I HAVE FILED THE ASSUMED NAME CERTIFICATE IN APPROPRIATE COUNTIES PURSUANT TO BUSINESS AND COMMERCE CODE, CHAPTER 36. I FURTHER CERTIFY THAT I HAVE READ AND UNDERSTOOD CHAPTER 438 OF THE HEALTH & SAFETY CODE, THE APPLICABLE PROVISIONS OF 25 TAC, CHAPTER 229, AND AGREE TO ABIDE BY THEM.

Signature

G OWNER

G PARTNER

G PRESIDENT

G CORPORATE DESIGNEE / AGENT

Date

Printed Name & Title

PURPOSE OF THIS APPLICATION: Mark appropriate box to indicate purpose of application, and/or any change in status of company.

G New

Start Date: _____

G Amended

G Change of Ownership

Enter the date the change was/is effective:

G Change of Location

G Change of Name

Date: _____

G Other:

Change of name, ownership, or change in the location of a licensed place of business, requires submission of a new application and fee. The effective date of change becomes the new anniversary date.

G Renewal

Renewals are valid for one year from the anniversary date. **Failure to submit the renewal fee before the expiration date will result in a delinquency fee for each location and must be remitted before the license or permit will be issued.**

G Notice that firm is out of business. I choose not to renew my Certification, Recertification and/or Test Site License(s).

TRAINING METHODS: *(Required for Certification & Recertification programs only).

G Classroom

G CD

G Internet

G Other (please ecify): _____

EXAMINATION: *Only Department Approved Examinations may be utilized.

G State Examination

G Internet

G National Examination (please specify): _____

G Other (please specify): _____

INSTRUCTORS: List name of each instructor who will teach for the program and attach completed application(s). For persons who are already Texas certified, list their CFM instructor number and expiration date: ***(Required for Certification & Recertification programs only).**

Name

Instructor #

Expiration Date

ACCREDITATION INFORMATION: The following information needs to be provided only on initial application or if revisions have been made since the initial application was submitted. ***(Required for Certification & Recertification programs only).**

G Completed Instructor Application(s) (unless instructor is already Texas certified)

G State Exam Booklet Order Form (if needed)

BILLING INFORMATION:

Billed to: _____

Billing Address: _____

City, State, Zipcode: _____

Name of Application Preparer (Contact Person): _____

Telephone Number of Application Preparer (Contact Person): _____

E-mail Address of Application Preparer: _____

♦ **ALLOW 4-6 WEEKS PROCESSING TIME**

♦ **FAILURE TO PROVIDE ALL REQUIRED INFORMATION WILL DELAY ACCREDITATION**

BE CERTAIN TO COMPLETE ALL PAGES OF THIS FORM